

(RO/County Board Name)

SUPPORT MONITORING GUIDE

To ensure the health, environment/safety, supports & staff, money and rights of people supported per DMH Division Directive 3.020

Individual Name: [Click here to enter text.](#)

ID#:

Support Coordinator:

Date Review Completed:

Place of Visit:

Date/Time of Visit:

Type of Support(s):

NOTE: *After completion of this form, pages 8-9 (page 9 if applicable) should be stored electronically or in the individual’s record.*

Concerns from Previous Monitoring

(Consumer specific report for last 15 months available in the DMH DDD Centralized Database)

Appendix C

During face-to-face visits with the individual, the support coordinator shall review, according to the Support Monitoring Guidelines, the areas of Environment/Safety, Health, Supports and Staff, Money and Individual Rights each time they visit a person in a setting funded by the Division (group homes, ISL's, foster homes, day supports and employment); see Appendix A for examples. The guidelines provide a framework to promote effective and efficient provisions of services and supports in enabling the individual to achieve his or her personal goals.

The descriptors for the 5 areas (indicators) and interpretive guidelines are *not* an all-inclusive list, as other issues or areas of concern should be documented if they are present. In addition, if there is a concern in an area that does not require inclusion into support monitoring; the support coordinator is still expected to address the situation for the best interest of the individual in a way that is supportive of the individual/family as well as for the provider agency.

	SUPPORT TYPE	
OK (Y/N)	<u>All Support Monitoring With Support Funded by DMH or SB/40</u>	Issues Identified/Comments:
	ENVIRONMENT/SAFETY – Security/Processes <i>Emergency Drills</i> <i>Policy/Procedures</i> <i>Staff Trainings</i> <i>Documentation</i>	
	HEALTH – Procedures <i>Health Policy/Procedures (Except self-directed)</i> <i>Documentation</i> <i>Staff Training</i> <i>Medication</i> <i>Adaptive Equipment</i> <i>Health Policy/Procedure</i>	
	HEALTH – Attaining Wellness <i>Weight</i> <i>Nutrition</i> <i>Appearance/Hygiene</i> <i>Follow-up Care</i>	

Appendix C

	SUPPORTS & STAFF – Individual Support Plan Implementation <i>Personal Profile</i> <i>Functional Assessment (If needed)</i> <i>Action Plan</i> <i>Legal Issues (If existing)</i> <i>Documentation of Progress</i> <i>Monthly Reports</i> <i>Supports Authorized</i> <i>ISP Present</i> <i>Staff Back-Up Plan (If needed)</i>	
	SUPPORTS & STAFF – Staff Empowerment <i>Staff Communication</i> <i>Staffing Ratio</i> <i>Staff Training/Qualifications</i> <i>Staff Sensitivity/Interaction</i>	
	SUPPORTS & STAFF – Management <i>Policy/Procedures</i> <i>Management Issues</i>	
	SUPPORTS & STAFF - Qualified Staff <i>High School Diploma</i> <i>Abuse/Neglect Training</i> <i>Disqualifying Offense</i> <i>CPR/First-Aid</i> <i>Training on ISP</i> <i>Positive Behavior Support</i> <i>Missouri Quality Outcomes</i> <i>Driver's License/Insurance</i>	
	RIGHTS – Self Advocacy <i>Response to Communication</i> <i>Policy/Procedures Reporting Incidents of Complaints</i>	
	RIGHTS – Decision Making <i>Choice</i>	

Appendix C

	<i>Control</i> <i>Staff Training</i> <i>Rules/Restrictions</i>	
	RIGHTS – Documentation <i>Annual Rights Notification</i>	
	MONEY – Accounting Practices <i>Payment of Bills</i> <i>Documentation of Receipts</i>	
OK (Y/N)	<u>When Provider has Responsibility for Facility/Group Home/ISL or Assists with Care of the Home.</u> (Residential supports, personal assistant, day supports, etc. with goal of assuring facility/home is clean, maintained, etc.)	Issues Identified/Comments:
	ENVIRONMENT/SAFETY –Comfort <i>Home Maintenance</i> <i>Home Adaptations</i> <i>Cleanliness</i> <i>Odor of Home</i>	
	ENVIRONMENT/SAFETY – Security/Processes <i>Emergency Drills (N/A for off-site)</i>	
	ENVIRONMENT/SAFETY – Security/Facilities <i>Temperature – Water</i> <i>Emergency Equipment</i> <i>Vehicle Safety</i> <i>Toxic Chemicals</i> <i>Fire Safety</i>	

Appendix C

OK (Y/N)	<u>DDD and SB/40 Funded Placement or Support to Assist with Health and/or Adaptations</u> Residential, personal assistant, off-site etc. help assure medical and health needs are met.	Issues Identified/Comments:
	HEALTH – Preventive Practices <i>Annual Exams</i> <i>Preventive Care</i> <i>Labs/Screenings</i> <i>Dental Care</i>	
	HEALTH – Procedures <i>Documentation</i> <i>Staff Training Medication</i> <i>Adaptive Equipment</i> <i>Health Policy/Procedure</i>	
	HEALTH – Attaining Wellness <i>Weight</i> <i>Nutrition</i> <i>Follow-Up Care</i>	
OK (Y/N)	<u>DDD and SB/40 Funded Placement or Support to Assist with Finances</u> Residential, personal assistant, off-site, etc. that help a person work with their money.	Issues Identified/Comments:
	MONEY – Accounting Practices <i>Payment of Bills</i> <i>Documentation of Receipts</i> <i>PFFR (Personal Funds Financial Reports)</i>	
	MONEY – Access to Funds <i>Spending Money</i> <i>Property</i> <i>Policy/Procedures</i> <i>Employment</i>	
OK (Y/N)	<u>SDS</u>	Issues Identified/Comments:

Appendix C

	ENVIRONMENT & SAFETY Does the environment create any health/safety concerns? Is the individual's home modified to meet their support needs?	
	INDIVIDUAL RIGHTS Are the individual's rights respected and protected? Are the employees supporting the individual in exercising their self-advocacy skills? Is the designated representative serving in the best interest of the individual? How does the individual's life reflect the principles of self-determination?	
	STAFF & SUPPORTS Is the current ISP present and implemented as written? Is documentation of progress present and meaningful? Are monthly summaries completed? Are the ISP outcomes addressed in the monthly summaries? If family members are providing supports, are they doing so in the best interest of the individual? Is there a current back-up plan in place? ➤ Are all forms present and complete as specified on the <u>SDS Employer Document Checklist</u> ? <ul style="list-style-type: none"> • Individual Support Plan including budget information. • The Emergency Back-up Plan (to ensure adequate coverage in case of emergency). • Monthly summary – report documenting progress for all SDS and budget tracking. • Documentation Form (archives must go back 6 years) Time recorded on this document must be consistent with what is submitted on the FMS (Missouri Consumer Direct) timesheets. 	
	MONEY Having checked utilization on the Fiscal Management Service (FMS) website, is over- or under-utilization a concern? Does the individual have unmet support needs which could be provided via other SDS (i.e. support broker/community specialist)? Are all funding options being explored to help address the individual's support needs?	
	HEALTH Have there been reports of unusual events as documented on an EMT? Has the team followed up? Has the individual experienced any major changes that may impact his/her support needs?	

PROCESS

Appendix C

1. Complete support monitoring, including following up on all unresolved issues. (1) If an issue is resolved, enter on Support Monitoring Results Form as resolved and also enter date resolution is confirmed either by documentation or by Support Coordinator visual confirmation. (2) If the issue is not resolved, assure that it is placed on the Support Monitoring Results Form. Add any new issues that need to be addressed.
2. Copy to the provider within 5 working days. Enter findings into the DMH DDD Centralized Database.

KEEP IN MIND

Appendix C is a data entry form to report issues/positive findings for the recording into the DMH DDD Centralized Data base and is only needed if the Support Coordinator does not have access to the database.

If there is an issue, it must be confirmed that it is resolved and the situation has been rectified before the resolution date can be entered into the DMH DDD Centralized Database.

Support Monitoring Results Form

Date:

Support Coordinator:

Team:

Individual Name:

ID #:

Provider Name:

Provider Issue – Number of Consumers Affected:

Address of Location visited:

Support Monitoring Complete and No Issues Found to Report (Circle if using paper form): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
	Comment/Remediation:	
Description of Issue:		
Action Taken:		
Domain/Category/Type (include all three):		
Discovery Date:	Timeline Given:	Resolution Verified Date:
	Comment/Remediation:	

Appendix C

Support Monitoring Referral Form - Issues/Outcomes from Monitoring Instructions: This form is to be used to notify the supervisor and residential agency responsible DDP of any outcomes/issues found during support monitoring and how the outcomes/issues are being resolved. Please use the information from the tool to complete this form. Be brief, as this information must also be entered into a database. If this form is referred to in a log note then it should be filed in the individual's record.

DOMAINS	ENVIRONMENT/SAFETY	HEALTH	SUPPORTS & STAFF	MONEY	RIGHTS
Category	Comfort	Preventative Practices	Personal Plan Implementation	Accounting Practices	Self-Advocacy
Types	Home Maintenance Home Adaptations Cleanliness Odor of Home	Annual Exams Preventative Care Labs/Screenings Immunizations Documentation Dental Care	Personal Profile Functional Assessment Action Plan Legal Issues Documentation of Progress Supports Authorized ISP Present Staff Back-up Plan	Payment of Bills Documentation of Receipts	Response to Communication Policy/Procedures Reporting Incidents of Complaints
Category	Security-Processes	Procedures	Staff Empowerment	Access to Funds	Decision Making
Types	Emergency Drills Policy/Procedures Staff Training Documentation	Documentation Staff Training Medication Adaptive Equipment Health Policy/Procedure	Staff Communication Staffing Ratio Staff Sensitivity/Interaction	Spending Money Property Policy/Procedures NAFS/ Personal Account Employment	Choice Control Staff Training Rules/Restrictions
Category	Security-Facilities	Attaining Wellness	Management		Documentation
Types	Temperature Emergency Equipment Vehicle Safety Toxic Chemicals Fire Safety	Weight Nutrition Appearance/Hygiene Follow-up Care	Policy/Procedures Management Issues Designated Representative Issues		Annual Rights Notification
Category			Qualified Staff		
Types			High School Diploma Abuse Neglect Training Disqualifying Offense CPR First Aid Training on ISP Positive Behavior Support MO Quality Outcomes Driver's License/Insurance		

Other Comments/Concerns/Positive Comments/Individuals Present

DRAFT